

INTERNSHIP PROGRAM APPLICATION

<http://www.njconsumeraffairs.gov/Pages/Internship-Program.aspx>

Applying for: Fall Spring Summer

Name: _____ Date: _____

E-mail: _____

Current address: _____

Telephone: _____ (please include area code)

Permanent address: _____

(if different) _____

Telephone: _____ (please include area code)

University or college currently enrolled in: _____

Major: _____ Minor: _____

Expected year of graduation: _____

Expected status at beginning of internship: (Check one)

Undergraduate: Freshman Sophomore Junior Senior Graduate

Law students: 1st year 2nd year 3rd year 4th year

Do you plan to receive credit for your internship? Yes No

If "Yes," please identify the internship requirements:

Will you be applying for a grant, fellowship or other funding? Yes No

If "Yes," what type and from whom? _____

When will you be available to begin? _____

Please include a cover letter and your resume with this application.

Please email your submission to:

Francine Widrich
at: internship@dca.lps.state.nj.us